

FILED DEC 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39016

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 426

| | | | | | | | |
|---|--|---|---|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Adair</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Adair</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Kirksville</u> TOWN | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR <u>Kirksville</u> TOWN | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL <u>905 S. Osteopathy</u> INSTITUTION | | | Length of stay in lb | d. STREET ADDRESS <u>905 S. Osteopathy</u> (If outside, give location) | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Katheryn</u> Middle <u>Elaine</u> Last <u>Betts</u> | | | | 4. DATE OF DEATH Month <u>Dec.</u> Day <u>7</u> Year <u>1957</u> | | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>Feb. 3, 1939</u> | | 9. AGE (In years last birthday) <u>18</u> | |
| IF UNDER 1 YEAR Months <u>18</u> Days <u>18</u> Hours <u>18</u> Min. <u>18</u> | IF UNDER 24 HRS. Months <u>18</u> Days <u>18</u> Hours <u>18</u> Min. <u>18</u> | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Office work</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Int. Shoe Factory</u> | 11. BIRTHPLACE (City and state or country) <u>Adair County, Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13. FATHER'S NAME <u>Lyle Jones</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Fern Bragg</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <u>No</u> (If yes, give war or dates of service) <u>X</u> | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT <u>Lyle Jones, Novinger, Mo.</u> | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>12 gauge shotgun wound into the forehead and the left cheek area, from distance of 5-10 Ft. (App.)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>98/X</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Minutes</u> |
| 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input checked="" type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Shot by Neryl E. Betts (Husband)</u> | | | | |
| 20c. TIME OF DEATH Hour <u>App. noon</u> Month <u>Dec.</u> Day <u>7</u> Year <u>1957</u> | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u> | | 20f. CITY, TOWN, OR LOCATION <u>Kirksville,</u> | | COUNTY <u>Adair</u> STATE <u>Mo.</u> | |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>Norah Foster</u> (Degree or title) <u>Coroner, Adair Co.</u> | | | | 22b. ADDRESS <u>Kirksville, Mo.</u> | | 22c. DATE SIGNED <u>12/9/57</u> | |
| 23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>12/12/57</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Ringo Point Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Adair County Mo.</u> | | |
| 24. FUNERAL DIRECTOR <u>W. M. Cline</u> | | ADDRESS <u>Kirksville, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>12-10-1957</u> | | 26. REGISTRAR'S SIGNATURE <u>Dennis W. Rathoff</u> | |

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Kenneth E. Hayes*

Licensed Embalmer No. *489*

P. O. Address *Kirkville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.